Revised 06/05

⇔IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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510 EAST 12™, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701

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www.iowa.gov/ethics

Reset Form

lowa Gode section 8. requires all gifts, bequests, and grants given to any department of the state of lows or received by the Governor on behalf of the state be reported to the lows Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE	RECEIVING THE GIFT, BEQUEST	r, or grant:
Clarinda MIII		
Name of Department or Office 1300 N 16th Street	A	Clarinda, IA 51632
Mailing Address		City, State, Zip Code
Area Code & Telephone No.		
CONTACT PERSON FOR R	RECIPIENT DEPARTMENT OR OFF	FICE:
Sue Rehwaldt Hays		
Name		
Mailing Address (if different fro	m above)	City, State, Zip (if different from above)
Suc Rehwaldertaysegiowa.gov		712-542-2161 Ext. 3317 Area Code & Telephone Number (if different from above)
Family of E. Britson Name		
Mailing Address	City, State, Zip Code	10/08 \$ 250.00
Area Code & Telephone Numb	per .	Date of Gift, Bequest, or Grant Amount/Value*
		"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)		g dopalition of the value from 0.50
Provide a description of the	ft, bequest, or grant and purpose thereof	
	n, bequest, or grant and purpose thereof	
Personal clothing		
Criteria to use this form		

Statement of Affirmation:

Sue Rehwaldt Hays

affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Signature

11/20/08

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Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.jowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filled within 20 days of eccipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR O	FFICE RECEIVING THE GIFT,	BEQUEST, OR GRANT
DEKAK INGINI ON O		

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Clarinda MHI			
Name of Department of 1800 N 16th Street	Office	Clarinds, IA 51632	
Mailing Address 712-542-2101 -0XT 3317		City, State, Zip Code	
Area Code & Telephone	No.		_
ONTACT PERSON I	OR RECIPIENT DEPARTMENT OR	OFFICE:	
Sue Rehwaldt Hays			
Name			
Mailing Address (if diffe		City, State, Zip (if different from above) 712-542-2161 Bxt. 3317	
Email Address		Area Code & Telephone Number (if different from above)	-
			i

DONOR OF GIFT, BEQUEST, OR GRANT:

Family of C. Nelson		_	
Name			
Mailing Address	City, State, Zip Code	- 10/08	\$ 300.00
		Date of Gift, Bequest, or	Grant Amount/Value*
Area Code & Telephone Numb	Ģr	*value is defined as "fair receiving department or	market value" of item as determined by office. If no value mark "0.00".
Email Address (optional)			
Provide a description of the g	ift, bequest, or grant and purpose therec	of:	
Personal clothing			

Criteria to use this form

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

Sue Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature (Signature)

11/20/08

Date

Revised 06/05

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics

Reset Form

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FORM-GBG

DEPARTMENT OR O	FICE RECEIVING	THE GIFT,	BEQUEST,	OR GRANT

Clarinda MHI	<u> </u>	
Name of Department or 1300 N 16th Street	Ciminal in 21000	,
Mailing Address	City, State, Zip Code	
Area Code & Telephon		<u> </u>
CONTACT PERSON	OR RECIPIENT DEPARTMENT OR OFFICE:	▙

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CONTACI	PERSON	IUK KEL	716.121		V 441 pm	A11 A1	

CONTACT PERSON	OR RECIPIENT DEPARTMENT OR OFFICE:	المراجع
Sue Rehwaldt Hays		
Name		
Mailing Address (if diffe	ent from above)	City, State, Zip (if different from above) 7(2-542-216) Ext. 3317
Suc.Rehwaldti taystatowa.g	<u> </u>	Area Code & Telephone Number (if different from above)
Email Address		

DONOR OF GIFT, BEQUEST, OR GRANT:

, OR GRAIN		ļ ·
tre, Inc	·	
Clarinda, IA 51632		* 100.00
City, State, Zip Code	Date of Gift, Bequest, or Grant	\$ 100.00 Amount/Value*
er .	"value is defined as "fair market va receiving department or office. If r	ilue" of item as determined by no value mark "0.00".
	tre, Inc	Clarinda, IA 51632 City, State, Zip Code 11/5/08 Date of Gift, Bequest, or Grant

Provide a description of the gift, bequest, or grant and purpose thereof:

Forgotten patient fund donation

Criteria to use this form

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the Sue Rehwaldt Hays fair market value (if applicable) is correct and true to the best of my knowledge.

11/20/08

Date

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Revised 08/05

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510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics

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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR O	FICE RECEIVING THE GIFT, BEQUEST, OR GRANT:					
Clarinda MHI	Office					
Name of Department or 1800 N 16th Street	Office Clarinda, IA \$1632					
Mailing Address 712-542-2161 eXT 3317	City, State, Zip Code					
Area Code & Telephone						
CONTACT PERSON I	OR RECIPIENT DEPARTMENT OR OFFICE:					
Sue Rehwaldt Hays						
Name			ļ			
Mailing Address (if differ Suc.RehwaldtHays@iowa.gr		_				
Email Address	712-542-2(6) Ext. 3317 Area Code & Telephone Number (if different from above)	, 	Ì			
Caren Boltinghouse Name Mailing Address Area Code & Telephone Email Address (optional	Clarinda, IA 51632 City, State, Zip Code 11/20/08 S 46.00 Date of Gift, Bequest, or Grant Amount/Value* *value is defined as "fair market value" of item as determined to office. If no value mark "0.00".	ined by				
Provide a description of Christmas decora	the gift, bequest, or grant and purpose thereof:	٠				
Criteria to use this form	n quest, or grant that is received by any department of the state or received by the Governor on behalf of the state.					
itatement of Affirmati	ilen:					

Suc Rehwaldt Hays affirm that the gift, bequest, or great reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

11/20/08

Date